

Submitted in response to the Fiscal Year 1999 DoD Multidisciplinary Research Program of the
University Research Initiative BAA

APPENDIX D: PROPOSAL COVER

(This form should be completed and submitted as the cover of the proposal)

PROPOSAL NUMBER: _____
(to be completed by DoD Only)

1. THE PRINCIPAL INVESTIGATOR (One name only)

(Title) (First Name) (MI) (Last Name) (email address)

(Phone Number, including Area Code) (FAX Number, including Area Code)

(Institution)

(Department/Division)

(Street/PO Box/Building)

(City) (State) (Zip Code)

CURRENT DoD CONTRACTOR OR GRANTEE: YES___NO___

If yes, give Agency, Point of Contact, Phone Number: _____

2. THE PROPOSAL:

(Title; be brief and descriptive; do not use acronyms or mathematical or scientific notation)

30 APR 99 thru 29 APR 04
Proposed Research Period

Your Institution's Proposal Number

